

THE MANY FACES OF THE MEDICAID PROGRAM



The Many Faces of Medicaid

- There is no single Medicaid program
- At least a dozen different programs under Medicaid
- Many types of extensions after Medicaid eligibility ends
- It is the responsibility of the local Department of Social Services to determine which programs and/or extensions the applicant is eligible for.

Medicaid Statistics

- 191,574 individuals in receipt of Medicaid in Suffolk County (December 2011 – NYSDOH Statistics)
 - 69,504 Children
 - 17,045 Aged (65 and older)
 - 33,082 Disabled
- 21,435 individuals in receipt of Family Health Plus in Suffolk County

Traditional Medicaid

Began in 1965

- **Type of Program**
 - **Health Insurance – Fee for Service**
- **Application Used:**
 - **Access NY Application**

Traditional Medicaid continued

- **Income Guidelines (2012) – adjusted annually**
 - **Medicaid (MA) Standards by household size and category**
- **Resource Level for Individuals 65 and older, blind or disabled (2012) - adjusted annually**
 - **Single Person - \$14,250**
 - **Couple - \$20,850**

Effective 1/1/2010 the Resource Limits were eliminated for other applicants/recipients

Medicaid Managed Care

- **Prepaid Capitation Rate paid to HMO for care of Medicaid recipient**
- **Mandatory Managed Care in Suffolk County since 2001.**
- **Unless excluded or exempt from participating, Suffolk MA recipients must join a Medicaid Managed Care Plan**
- **There are six Medicaid Managed Care Plans in Suffolk**

Medicaid Managed Care continued

The six Medicaid Managed Care plans in Suffolk are:

- Affinity
- Fidelis
- Healthfirst
- HIP
- Suffolk Health Plan
(Neighborhood Health Plan)
- UnitedHealthcare

Medicaid Managed Care continued

- Services included under Fee for Service Medicaid, but not included in Managed Care package, are provided by Medicaid as “Carved Out Services”
 - Dental (for plans not including this optional service)
 - Family Planning (for plans not including this optional service)
 - Outpatient Chemical Dependence Services

New York Medicaid CHOICE

- New York Medicaid CHOICE is the education and enrollment broker for Suffolk County Medicaid and Family Health Plus Managed Care
- Consumers should call New York Medicaid CHOICE for information on exemptions and exclusions as well as enrollment.

1-800-505-5678

Medicaid Managed Care Changes

- Effective 8/1/2011, Personal Care (not including CDPAP) has been added to the managed care benefit package for non-dual eligible recipients
- Effective 10/1/2011, pharmacy has been added to the managed care benefit package for Medicaid and Family Health Plus

Medicaid Managed Care Changes

- Effective 10/1/2011, persons with a managed care exemption based on a chronic medical issue and seeing a specialist provider who is not participating in any of our managed care plans no longer receive an open ended exemption.

Medicaid Managed Care Changes

- In addition, the client must have been in active treatment with the Fee for Service specialist for at least one year. When the exemption is over, the new MC plan will provide transitional care and assistance in transitioning providers. Medicaid Choice will assist the client in choosing a new plan/provider

Medicaid Managed Care Changes

- Effective 10/1/11, the following individuals are required to enroll in a MC plan (unless otherwise exempt/excluded):
 - Individuals living with HIV (not NYC)
 - Individuals without a choice of Primary Care provider within 30 miles/30 minutes
 - Individuals temporarily living outside of their home district

Also Required to Enroll Effective 10/1/11

- Pregnant women with prenatal provider not participating in any managed care plan
- Persons receiving Mental Health Family Care
- Individuals who cannot be served due to a language barrier
- Non-SSI SPMI Adults and non-SSI SED children

Other Managed Care Changes

- Effective 1/1/2012 the Personal Emergency Response System (PERS) was added to the MC benefit package
- Homeless recipients are required to join managed care effective 4/1/12
- Transportation will be removed from the plan benefit package and will be provided on a Fee-for-Service basis. *Date not yet determined*
- Foster Care recipients will be required to join managed care. *Date not yet determined*

Additional Managed Care Programs

BOTH PROGRAMS ARE VOLUNTARY

- **Managed Long Term Care** – Authorized to provide or arrange for health and long term care services
 - GuildNet
 - HIP MLTC
 - VNS Choice
 - Fidelis Care at Home
 - Elder Serve
 - Centerlight (PACE)
- **Medicaid Advantage** – Provide Medicaid coverage for persons also enrolled in the plan's Medicare Advantage Program
 - HIP
 - GHI
 - Wellcare
 - Guildnet Health Advantage

Prenatal Care Assistance Program (PCAP) Began in 1987

- **Expanded Eligibility for pregnant women**
- **Income Guidelines**
 - Up to 200% of Federal Poverty Level
 - No Resource Test
- **Pregnant client eligible from date of case opening through two months post-partum.**

Prenatal Care Assistance Program (PCAP) *continued*

- **Applications taken at Qualified PCAP Provider sites**
 - Suffolk County Health Dept. Clinics
 - Dolan Family Health Center
 - Planned Parenthood
 - United Comprehensive Care Ltd. – Riverhead
 - Center for Prenatal Care - Greenport

Expanded Levels for Children

Began in 1990

Levels of Expanded Eligibility for Children

- **Children up to age 1**
200% of Federal Poverty Level
- **Children age 1 – 18**
133% Federal Poverty Level

Expanded Children 1 – 18

- **Income Guidelines**
- **No Resource Test**
- **If child born to mother in receipt of Medicaid, child is automatically Medicaid eligible for first year.**
- **If child ineligible for Medicaid, can apply for Child Health Plus**

Child Health Plus

- **For children who:**
 - **Do not have other health insurance**
 - **Are under 19 years of age**
 - **Are not eligible for Medicaid**
- **No co-payments**
- **Premiums may apply – based on income**
- **No resource test**

Child Health Plus continued

- All Medicaid Managed Care Plans participate – plus Empire BC/BS
- CHP IS NOT A MEDICAID PROGRAM
- If eligible for Medicaid cannot enroll in CHP
- Children who are not citizens or eligible immigrants (and therefore ineligible for Medicaid) may receive CHP
- Must apply with Managed Care Plan or state approved agencies

Family Health Plus

Began in 2001

- For adults from the age of 19 through age 64
- No private health insurance
- Not eligible for Medicaid
- Care is provided through Managed Care Plans
- As of 10/1/11, Pharmacy is covered by FHP

Medicaid card will no longer be used for pharmacy

Family Health Plus continued

- Income Requirements
 - 100% of the Federal Poverty Level for:
 - Children 19 - 20 not living with parents
 - Single Adults 21 - 64
 - Childless Couples
 - 150% of the Federal Poverty Level for:
 - Parents with children
 - Children 19 - 20 living with parents

Family Health Plus continued

The six Family Health Plus plans in Suffolk are:

- Affinity
- Fidelis
- Healthfirst
- HIP
- Suffolk Health Plan (Neighborhood Health Plan)
- UnitedHealthcare

Family Health Plus – Premium Assistance Program – Began 1/2008

- For persons otherwise eligible for Family Health Plus who have access to qualified, cost effective Employer Sponsored Health Insurance (ESHI)
- Medicaid can pay the employee portion of the health insurance premium, co-pays, coinsurance and deductibles.
- Medicaid would cover wrap-around services (those services usually covered under FHP, but not in the applicant's ESHI plan).

Medicaid Buy-In For Working People With Disabilities Began in 2003

- Expanded eligibility levels for working persons with disabilities to allow Medicaid coverage despite increased income
- Certain Medicaid recipients with a spenddown may benefit from switching to this program

Medicaid Buy-In For Working People With Disabilities continued

In order to qualify, an applicant must:

- Be a New York State resident
- Be certified disabled by either Social Security or the State Disability Review Team
- Be at least 16 but under 65 years of age
- Work in a paid position for which all applicable income taxes are paid
- Pay a premium if required (premium payment has not yet been implemented)

Medicaid Buy-In For Working People With Disabilities continued

- Income Limits
 - 150% of Federal Poverty Level – No Premium
 - 250% of Federal Poverty Level
 - Can't enroll in Managed Care between 100% and 250%,
 - Will require premium payment (premium program not yet implemented)
- Resource Limit
 - Household of one \$20,000
 - Household of two \$30,000

Medicare Savings Programs

The Medicare Savings Program can assist individuals/couples in paying for their Medicare Premiums

- Qualified Medicare Beneficiary (QMB)
- Specified Low Income Medicare Beneficiary (SLIMB)
- Qualified Individual I (QI-1)
- Qualified Disabled and Working Individuals (QWDI)

Qualified Medicare Beneficiary

Began in 1988

- One page application if applying for QMB only
- Application can be mailed into DSS
- Pays for:
 - Medicare Part A and/or Part B premium
 - Co-insurance
 - Deductibles
- An individual can be eligible for QMB only or for QMB and Medicaid. There may be a spenddown requirement for Medicaid eligibility.

Qualified Medicare Beneficiary

continued

- **Income requirements:**
 - Income - 100% of Federal Poverty Level
 - AS OF 4/1/2008 –
NO RESOURCE TEST

Specified Low Income Medicare Beneficiary

Began in 1993

- One Page Application if applying for SLIMB only
- Application may be mailed into DSS
- Pays for Medicare Part B premium only.
- Individuals can be eligible for SLIMB only or for SLIMB and Medicaid (with a spenddown).
- The applicant must have Medicare Part A in order to be eligible for the program.

Specified Low Income Medicare Beneficiary continued

- **Income requirements:**
 - **Income between 100% and 120% FPL**
 - **AS OF 4/1/2008 – NO RESOURCE TEST**

Qualified Individual I

Began in 1997

- **One page application**
- **Application may be mailed into DSS**
- **Pays for the Medicare Part B premium only**
- **Individuals cannot be eligible for QI-1 and Medicaid**
- **The applicant must already have Medicare Part A**

Qualified Individual I continued

- **Income and resource requirements**
 - **Income - less than 135% FPL**
 - **No resource test**

Qualified Disabled and Working Individual (QDWI) Began in 1990

- Applicant must be a Disabled Worker under 65 who lost Medicare Part A benefits because of a return to work
- Income up to 200% of the FPL
- Resource Limit
 - \$4,000 for Household of 1
 - \$6,000 for Household of 2

MEDICAID PAYS FOR MEDICARE PART A ONLY, NOT PART B

Medicare Part D

- Persons who are dually eligible (eligible for Medicaid and Medicare) are considered automatically eligible for the Medicare D Low Income Subsidy
 - **This includes persons in the Medicare Savings Programs**
- They will receive Medicare Part D no deductible and no “donut hole”
- There is no monthly premium cost if enrolled in a “benchmark plan” (Less than \$39.79/mo. for 2012)

Medicare Part D

- Effective 1/1/2010, persons applying at Social Security for the Low Income Subsidy (also called Extra Help) can have that application be considered for the Medicare Savings Program.
- Information regarding their application will be sent to their county for determination of eligibility for the Medicare Savings Program.

COBRA Continuation Coverage

Began in 1991

Medicaid can pay the premiums for
COBRA Continuation Beneficiaries :

- Premium must be cost effective
- Income and Resource Requirements
 - 100% of the Federal Poverty Level
 - Resources
 - \$4,000 for a single
 - \$6,000 for a couple

AIDS Insurance Continuation

Began in 1991

COBRA regulations allow Medicaid to pay
health insurance premiums for persons
with AIDS or HIV related illness who:

- Are no longer able to work, or
- Are working a reduced number of
hours, and
- Do not qualify under the COBRA
Continuation Coverage Program.

AIDS Insurance Continuation

cont.

- Income and Resource Requirements
 - Income – Less than 185% of FPL
 - Resources – No resource test
- No Cost-Effectiveness test is required.
- Applicant must be ineligible for Full
Coverage Medicaid

Family Planning Benefits Program Began in 2002

- Increase access to family planning services and prevent or reduce the incidence of unintentional pregnancies. Services include:
 - Most FDA approved birth control, emergency contraception services and follow-up care male and female sterilization
 - Preconception counseling/preventive screening/family planning options **before** pregnancy

Family Planning Benefits Program continued

- Eligibility Requirements
 - Female or male of childbearing age
 - New York State resident
 - Citizen, or in satisfactory immigration status
 - Not eligible for MA/FHP or wishes to apply for the Family Planning Benefit Program only

Family Planning Benefits Program continued

- Income Under 200% Federal Poverty Level
- No Resource Test
- One Page Application

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

- Coordinated plan of care and services to invalid, infirm or disabled person medically eligible for hospital or nursing home care
- Medical eligibility for program established by Medical Services Unit
- No Longer Requires a 60 Month Look Back for Resources

LTHHCP (cont..)

- **Income Guidelines**
 - MA Standards (Chronic Care Spousal Budgeting for Couples)
- **Resource Levels**
 - Single - \$14,250
 - Couple - Chronic Care Spousal Resource Level

Care at Home Program Began in 1982

- Program is for children who are severely physically disabled.
- To be eligible, children must be:
 - Under age 19
 - New York State residents
 - Eligible for Medicaid either when applying with their parents' income counted or with just their own income counted
 - Have medical needs not covered by private insurance

Medicaid Cancer Treatment Program Began in 2002

To be eligible for Medicaid coverage under the Medicaid Cancer Treatment Program, individuals must:

- Not be covered under any creditable insurance;
- Need treatment for breast, cervical, prostate or colorectal cancer or pre-cancerous conditions; and
- Be ineligible for Medicaid under other eligibility groups.

Medicaid Cancer Treatment Program continued

- Applications taken by the Cancer Services Program Partnership, not DSS.
- Eligibility determined by NYSDOH, not local DSS.
- Income Guidelines
 - 250% of Federal Poverty Level

Medicaid Cancer Treatment Program continued

Includes persons in treatment for Breast, Cervical, Colorectal and Prostate Cancer only

Medicaid Cancer Treatment Program continued

Central Suffolk Hospital d/b/a Peconic Bay Medical Center
1300 Roanoke Avenue
Phone: (631) 548-6322 Fax:
Riverhead, NY 11901

Cancer Services Program of Eastern Suffolk County
Ext.: (631) 727-4838

Good Samaritan Hospital Foundation
c/o Good Samaritan Hospital Medical Center
Phone: (631) 376-3434 Fax:
West Islip, NY 11795
1000 Montauk Highway

Cancer Services Program of Western Suffolk
Ext.: (631) 376-3616

Elimination of Face to Face Interview Requirement

- **Effective 4/1/2010 Medicaid no longer requires a face to face interview**
- **Applicants may mail in their applications for Medicaid**
- **A revised ACCESS NY application was developed for this change and is currently under review for more changes**
- **Application on the DOH website**

Moving Medicaid From County to County

- **Effective 1/1/2008 New York State allowed transfers of Medicaid eligibility when an eligible recipient moves from one county to another**
 - **No break in coverage**
 - **No need to reapply in new county**
 - **At least 4 months of coverage in new county before recertification**

Suspension of Medicaid for Incarcerated Individuals

- **Effective 4/1/2008 New York State allowed suspension of Medicaid eligibility for incarcerated individuals**
 - **For those incarcerated in New York State or local prisons/jails – not for individuals in federal prisons**
 - **No need to reapply upon release from prison/jail**
 - **Recertified 4 months after release**

Suspension of Medicaid for Individuals in Psychiatric Cent.

- **Effective 4/1/2011 New York State allowed suspension of Medicaid eligibility for individuals in a psychiatric center**
 - **No need to reapply upon release**
 - **Districts notified daily of individuals released**
 - **Recertified 4 months after release**

Pre-Need Funeral Arrangements

- **Effective January 1, 2011, pre-need funeral agreements purchased for an A/R, their legally responsible relative (LRR), and/or certain family members utilizing the funds of the A/R or LRR must be irrevocable. The value of these irrevocable pre-needs is not considered and available resource nor would the purchase be considered an uncompensated transfer of assets**

Documentation Needed

- Effective October 1, 2010, individuals attesting to citizenship and social security number will not need to document citizenship or identity
- Naturalized citizens will need to continue to provide originals for identity and citizenship
- Individuals who have failed social security validation will need to provide original documentation for identity and citizenship

Documentation Needed

- For all applications:
 - Identity
 - Age
 - Residence
 - Income
 - Household Composition
 - Other Health Insurance
 - Social Security Number (can attest)
 - Immigration Status (except Pregnant Women and Emergency Medical Treatment)

Documentation Needed

- For some applications
 - Health/Disability information
 - Medical Bills
 - Resources (only required for over 65, blind or disabled - in most cases can attest to amount)
 - Childcare costs when employed

Where to Send the Medicaid Application

- Riverhead Center (Zip Code List)
- Smithtown Center (Zip Code List)
- DSS Administration Offices in Ronkonkoma (for Chronic Care Only)

Who can help with the application process?

- Medicaid Managed Care Plans
- Nassau/Suffolk Hospital Council and Health & Welfare Council

Eligibility is Determined by DSS

For Assistance With Application

The Suffolk County Office for the Aging (OFA) can assist persons over the age of 60 in the completion of the application.

Clients can go to the OFA offices in either Riverhead or Hauppauge or to one of their 55 sites around the county

Office for the Aging 853-8200

Questions?


